

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983
**IN THE UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT

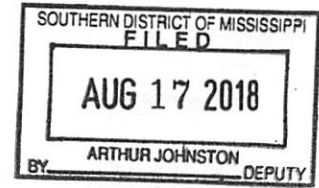
Griffin Jr.
 (Last Name) (Identification Number)

Elgin
 (First Name) (Middle Name)

Hinds County Jail
 (Institution)

407 E. Pascagoula St Jackson MS
39201
 (Address)

(Enter above the full name of the plaintiff, prisoner and address of plaintiff in this action)



V.

CIVIL ACTION NUMBER: 3:18-cv-553-CWR-FKB
 (to be completed by the Court)

Raymond Detention Center

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
 Yes (✓) No ()
- B. Are you presently incarcerated?
 Yes (✓) No ()
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
 Yes () No (✓)
- D. Are you presently incarcerated for a parole or probation violation?
 Yes () No (✓)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes () No (✓)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes () No (✓)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Elgin Griffin Jr. Prisoner Number: _____

Address: At the time of the incident I was housed at 1450
County Farm Rd. Raymond MS 39154

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: _____ is employed as _____

_____ at _____

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Elgin Griffin Jr.

ADDRESS: 407 E. Pascagoula St. Jackson MS
39201

DEFENDANT(S):

NAME: _____

ADDRESS: _____

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated for my injuries

Signed this 12 day of August, 20 18.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Elgin Griffin Jr.
Signature of plaintiff

My Claim

Hello my name is Elgin Griffin I was assaulted Aug. 6, in Raymond Detention Center at 9:40am. I was a trustee on the clean up crew, there's rules atleast two deputies have to secure you on every zone. Well that wasn't the case I wasn't secured, because I let officer McLauren know ahead of time that those guys was trying to fight me. Anyway I went to clean B zone up because I knew I had a job to do. Once I went to doing my job I was knocked out and stabbed on the floor where I was stomped & kicked repeatedly. And where was the deputy (Mrs. Wright) outside the zone. Everything is on camera Sgt. took pictures of my injuries. So I was taken to the hospital where they treated me only for my stab wounds & scanned my broken jaw which I was not treated for. I blacked out when I was kicked in my face, and now my vision comes and goes it's very complicated for me to eat or see now, due to my fractured (jaw (Right)) and the blood cloth in my eye. I've been in severe pain every since. They gave me Ibuprofen and think that's gonna smooth things. Now I've been transported to (Hinds County Jail) they are serving me soft foods, I'm not eating right. I have a serious medical issue here, everytime I try telling a nurse or officer my condition 'It's like im being lied to with a pain pill and slam the door in my face, I need help and everybody here giving me the run around. Like right now I need to go to the emerg. room my stitches came out my upper lip where I was stabbed, that puts me in pain where I can't sleep. But I told the nurse 'they're telling me it's gonna be OK, they cannot feel what I'm feeling I just need someone to plead my claim to.

Thank You

8/12/18

I have copies if needed